

Regional Activity Plan

REDSO/WCA 1997–1999

February 1997



Partnerships
for Health
Reform

PHR



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Regional Activity Plan for REDSO/WCA 1997–1999

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Acronyms

ACOPAM	Appui associatif et cooperatif aux initiatives de developpement a la base
CA	cooperating agency
CESAG	Centre African d'Etudes Superieures en Gestion
DDM	Data for Decision Making Project (USAID)
EU	European Union
HHRAA	Health and Human Resource Analysis for Africa Project (USAID)
ILO	International Labor Organization
MOH	ministry of health
NHA	national health accounts
NGO	non governmental organization
ODA	Overseas Development Agency (U.K.)
PHN	USAID Global Bureau, Office of Population, health and nutrition
PHR	Partnerships for Health Reform Project (USAID)
PSI	Population Services International
RAP	Regional Activity Plan
SARA	Support for Analysis and Research in Africa Project (USAID)
SO	Strategic Objective
TA	technical assistance
TPM	team planning meeting
USAID	United States Agency for International Development
WHO	World Health Organization

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1.0 Executive Summary

The Regional Activity Plan (RAP) proposed by PHR for the WCA region in 1997-1999 represents the culmination of a planning process involving USAID (as represented by G/PHN, AFR, REDSO/WCA and WCA missions); cooperating agencies (CAs) involved in projects such as PHR, BASICS, SARA, HHRAA and DDM; other international donors (ILO, French Cooperation, Belgians, GTZ, WHO, EU, UNICEF) and regional and local institutions (CESAG, CREDESA, et. al.). The process has aimed to prioritize health system needs in the region, with the overall objective of supporting USAID's Results Framework for Sustainability of Child Survival and Reproductive Health Services in Sub-Saharan Africa (RF/SSA, 8/28/96).¹

PHR's 1997-1999 RAP for WCA outlines eight priority activities which directly relate to the RF/SSA strategic objectives. The activities include, in order of general priority rather than grouped by strategic objective: (a) support for insurance mechanisms; (b) hospital financing and management; (c) support for regional institutions; (d) regional databases and networking; (e) translation, dissemination and connectivity; (f) equity monitoring and evaluation tools, TA and training; (g) cost recovery and quality; and (h) national health accounts.

The activities will be phased over the three year period and supplemented by a limited amount of additional ad hoc technical assistance and training within the strategic objective categories. Activity implementation steps are most detailed for the first year, in most cases commencing with regional workshops on technical topics, followed by development and implementation of plans for pilot institutions in target countries, and concluding with analysis of results and dissemination of lessons learned. Implementation progress will be assessed annually and this guide the preparation of a more detailed plan for the next year. PHR will prepare a separate task authorization for each year of the plan.

The total estimated cost of the RAP is \$2,125,000, of which \$810,000 is currently obligated and available. The plan assumes annual incremental funding to reach the totals needed for full implementation. The plan and budget reflect decisions made by USAID and other donors to determine their health sector development and reform assistance roles in the WCA region according to technical, financial and other factors, which together comprise each's comparative advantages. Thus, PHR's proposed activities are a subset of the larger set of complementary activities which will be implemented by other donors and USAID CAs in the WCA region over next three years. PHR's ability to implement the full plan will depend on the availability of supplemental funding over the period of the plan.

At the time of publication of this plan, PHR is considering several options for management and coordination of RAP activities, including primary management based at PHR headquarters, supplemented by one or more field based technical specialists; primary management

¹USAID Results Framework for Sustainability of Child Survival and Reproductive Health Services in Sub-Saharan Africa, version 2a, August 28, 1996. The USAID Africa Bureau issued a revised version of the Results Framework dated December 31, 1996, which eliminated System Viability and Capacity Building as a Strategic Objective, but however REDSO/WCA and AFR have agreed that System Viability and Capacity Building should remain in the plan as a "cross-cutting" objective.

based in the WCA region; and variations of the above. PHR expects to confirm one of the options by mid-summer of 1997.

2.0 Introduction and Methodology

The RAP outlines an inter-related set of priority interventions to be undertaken in the WCA region by PHR on behalf of USAID. The plan explains: (1) the basic components of the proposed activities; (2) the rationale for their selection and the relation of each to the RF/SSA and other PHR strategic planning documents; and (3) information on estimated timing and budgets. These same elements are standard in the PHR process for development for development of country and regional activity plans.

Key events in the prioritization process were the Africa Bureau's July/August 1996 Health Financing Strategic Framework meeting with PHR, BASICS, SARA, REDSO/ESA, REDSO/WCA, Africa/HHRAA, and G/PHN in Washington, DC; the West Africa Regional Workshop on Health Care Financing in Dakar in September 1996, organized by the DDM Project; and a two day consultative meeting which immediately followed the workshop. The July/August meeting resulted in the development of the RF/SSA, and provides overall goals and objectives for health financing in the region. The two day meeting was held to plan regional activities in health financing, and specifically to advance plans for PHR's regional scope of work for West Africa for 1997-1999.² This plan reflects further discussions on activities and clarifications on funding which occurred since the September-October meetings.

This final version of the RAP was developed through a series of drafts which moved toward reintegration of the list of priority activities generated from the above meetings with the strategic objectives of the RF/SSA. The author and Abraham Bekele of USAID/AFR/SD met with Lois Bradshaw of REDSO/WCA in Abidjan in late January 1997³ to review the plan and receive final comments. These comments focused on phasing starts of activities to reflect prioritization and also to facilitate effective implementation management. After final revisions the RAP was approved by REDSO/WCA in mid-February.

²Krasovec, Katherine, Sc.D., "PHR Trip Report, Senegal, September 29 - October 10, 1996".

³Killian and Bekele had traveled to Lome, Togo to participate in a USAID/PHR-sponsored consultative meeting on health insurance mutuelles, a priority activity under the WCA RAP, which made for a convenient stopover in Abidjan.

3.0 Proposed Assistance under the PHR Project

3.1 Overall Strategy

The strategy of this plan is to apply resources pooled from several sources within USAID to enable the PHR Project to address priority health care financing and related management reform needs within the WCA region. The proposed activities will directly address achievement of the four Strategic Objectives (SOs)⁴ within the USAID Results Framework for Sustainability of Child Survival and Reproductive Health Services in Sub-Saharan Africa (RF/SSA) (see Section 4.0 below, EXPECTED RESULTS, for discussion). The four SOs are:

Strategic Objective	Description
Resource Mobilization	Increased level of public and private resources dedicated to the health sector.
Efficiency	Improved efficiency and effectiveness of resources employed in the health sector.
Equity	Improved targeting, waiver, and subsidy policies and programs for poor and vulnerable populations.
System Viability	Increased effectiveness, responsiveness, and functioning of country health systems and programs with a minimum of external resources.

The RF/SSA is based upon USAID's four population, health and nutrition (PHN) strategic objectives. PHR's First Annual Report (1995-1996) and Year II Work Plan (1996-1997) (September 1996) refers to the PHN strategic objectives -- (1) reducing unintended pregnancies; (2) reducing maternal mortality; (3) reducing infant and child mortality; and (4) reducing the transmission of STDs and HIV/AIDS -- as principal determinants of PHR activities. The report states, "To help achieve the four PHN strategic objectives . . . PHR activities concentrate on three areas:

1. Improving financing and management systems to deliver health and nutrition services that are affordable with a country's own resources
2. Strengthening health sector policies and markets
3. Expanding access to higher quality, cost effective services" (p. v).

⁴For purposes of this plan two of the SOs from the August 28, 1996 revision of the Results Framework, "Resource Mobilization" and "Efficiency", have been combined into one SO. "System Viability" has been expanded to become "System Viability and Capacity Building".

These three areas of concentration correspond to the three "core areas" of PHR services described in PHR's strategy.⁵

Although PHR has limited involvement in the clinical aspects of the PHN SOs, it seeks to improve the effectiveness of other CAs working directly on the SOs by "helping to remove cross-cutting policy, financing, and organizational obstacles that inhibit their effectiveness" (Ibid, p.8). During Year I PHR endeavored to develop collaborative relationships with the other CAs working in WCA in order to more precisely define its role and establish communications channels so that PHR results can best inform and reinforce the work of the other CAs.

The efforts of PHR and other CAs in 1997-1999 are intended to achieve a balanced approach at the national, regional and local levels for achieving SO results for the RF/SSA. USAID/G, AFR and REDSO officials are taking active roles in ensuring effective focus and coordination of these efforts.

3.2 Rationale

PHR intends this plan as a mechanism to assist selected countries in the WCA region to move beyond the Bamako Initiative stage of cost recovery to broader financing and management reforms, with inclusion of hospital inpatient and outpatient services. PHR will seek to consolidate initiatives which have been occurring in the region and elsewhere and relate them to changes in PHC.

Focus - The RAP directs PHR's efforts to the following health care financing and related management reforms:

- ▲ A substantive focus on three areas that are critical to assisting the WCA region:
 - 1) Consolidating PHC cost recovery and using revenues produced for quality improvement;
 - 2) Inpatient and outpatient hospital financing, management and autonomy; and
 - 3) Insurance mechanisms such as mutuelles to complement or supplement fee-for-service experience in the WCA region.
- ▲ Capacity building and systems strengthening.

Equity/means testing will be a component of all three substantive focus areas and also the subject of separate activities to develop and implement monitoring and evaluation tools.

Results - The expected results of this plan are:

1. Strengthened health care financing and related management systems. Specific results at the country level related will be included in country level implementation plans to be developed during regional workshops and country visits which are part of RAP activities. The draft Activities/Results Table in Section 4.0 indicates the expected results and performance measures; and

⁵PHR Strategy Statement, March 29, 1996, p. 3.

2. Increased regional and local capacity to design and implement appropriate state-of-the-art health care financing and related management reforms.

Approach

- ▲ Develop a consistent approach across substantive areas that combines TA with identification and documentation of “best practices” and considers best ways to extend and expand them.
- ▲ Determine where to work - USAID presence and/or non-presence countries?
- ▲ Develop a regional consultant network and database for health care financing and management - Build on the East Africa model.
- ▲ Assist USAID define its role in relation to other donor and country initiatives - Factors to consider are that reforms are not following a particular road map and there are more “minor players” than in the past.
- ▲ Partnerships - PHR will look broadly at the region in determining which regional institutions should be partners and the extent of collaboration. PHR will also seek to identify local consultants and counterparts for teaming with international consultants.
- ▲ Focus not on documents, but on results in countries - PHR may de-emphasize “guidelines” and seek to clearly define what we mean by guidelines or manuals, using experience in East Africa to inform this discussion. The emphasis will be on clear criteria and specifications and replicable models adaptable at the relevant levels.

As noted previously, the activities in the plan are the product of extensive discussions among stakeholders and are consistent with USAID’s strategic objectives at both the G/PHN and REDSO/WCA levels. They are taken from a detailed list of potential health care financing activities for the region prepared by Mme. Bineta Ba of REDSO/WCA, and other priority activities discussed in detail by participants at the consultative working group meeting in Dakar this past October, then prioritized by participants, using a set of agreed upon criteria. The criteria included⁶:

- ▲ Meets individual country needs
- ▲ Regional scope and significance
- ▲ Builds upon previous work supported by USAID
- ▲ Likely to lead to demonstrable impact (at country levels, related to policy or resource allocation decisions)
- ▲ Potential for capacity building
- ▲ Linkages with USAID RF/SSA
- ▲ Support mission objectives
- ▲ Feasible

⁶Op Cit, p. 5.

These criteria are consistent with the PHR strategy⁷ and they and the proposed activities address most of the “key constraints” cited in the strategy document.⁸

In addition, the proposed activities are consistent with recent findings and recommendations from analysis of USAID and other health care financing experiences in Africa conducted by PHR’s predecessor, the Health Financing and Sustainability Project.⁹

Funding currently available for this plan comes from two sources, REDSO/WCA and HHRAA, with the balance at \$810,000:

	\$750,000	from REDSO/WCA
plus	<u>150,000</u>	from HHRAA
	\$900,000	subtotal
minus	<u>90,000</u>	expended ¹⁰
	\$810,000	BALANCE

The estimated activity budgets shown in section 7.0 are based on estimated resource requirements for staffing, travel and per diem, and other costs. Most activities will commence with a team planning meeting (TPM) and/or more detailed consultative meetings or workshops with collaborating institutions. These TPMs and other meetings will result in more detailed implementation plans for each activity, however the estimated budgets serve as planning parameters.

3.3 Description of RAP Activities

Activities in this RAP are grouped according to the strategic or cross-cutting objective to which they most closely relate and, within each objective, are presented in order of priority. The list includes:

Resource Mobilization and Efficiency

- ▲ Insurance mechanisms (mutuelles de santé, etc.)
- ▲ Hospital financing and management
- ▲ Cost recovery and quality
- ▲ Short-term TA and training (other, ad hoc)

Equity

⁷Op Cit, section 2.1.3., Operating Criteria for Selecting Problems to Address, p. 5.

⁸Ibid, section 2.1.2., Key Constraints for Health Sector Reform to Address, p. 3.

⁹Leighton, Charlotte, “22 Policy Questions About Health Care Financing in Africa”, HFS Project, 1995.

¹⁰Includes activities over the last two quarters of 1996 (e.g., participation in DDM conference in Dakar, plan preparation) and first quarter of 1997 (e.g., mutuelles consultative meeting in Lome and related follow-up).

- ▲ Monitoring and evaluation tools development
- ▲ Short-term TA and training (other, ad hoc)

System Viability and Capacity Building

- ▲ Regional Institutions (CESAG, etc.)
- ▲ Regional Databases and Networking
- ▲ Translation, Dissemination and Connectivity
- ▲ National Health Accounts
- ▲ Short-term TA and training (other, ad hoc)

The RAP activity descriptions below include background on the activity, the rationale for including it in this plan, timing where known, and summary budget information. Implementation steps, results and performance measures are shown in the Activities/Results Table in section 4.0.

Resource Mobilization and Efficiency

Insurance mechanisms (mutuelles de santé, etc. - curriculum development and follow-on TA) - PHR seeks to examine how mutuelles de santé (community insurance schemes which have been developed in West Africa) and other insurance mechanisms best fit into the mix of health care financing options in the WCA region.

This activity began with a consultative meeting January 23-25 in Lome with collaborating institutions doing work related to mutuelles (UNICEF, French Cooperation, ACOPAM, the EU and others). The consultative meeting was intended to guide USAID in determining its most appropriate role, vis-a-vis other donors, with regard to promotion of mutuelles and other health insurance mechanisms in the region. PHR and REDSO/WCA coordinated the consultative meeting with a related meeting to be implemented under the sponsorship of ACOPAM-BIT for training of trainers for the promotion of mutuelles. The plan had a day of overlap for joint meetings between delegates attending the two meetings, particularly to learn from country delegates the most current status of mutuelles in their countries.

The determination of USAID's role for promotion of insurance mechanisms such as mutuelles will inform the development of PHR's three year TA and training plan for assisting USAID to carry out this role. The three year estimated budget for this activity, including the consultative meeting, and follow-on TA and training, is \$225,000.

Hospital Financing and Management - Although the USAID and PHR strategies seek to encourage a shift of resources from secondary and tertiary care levels to primary care, hospitals will remain an essential component of health systems in WCA, and as such they will continue to consume a large proportion of health sector resources. The RAP seeks to address the need for hospitals to operate with maximum efficiency and effectiveness, so that scarce health resources can continue to support necessary tertiary care, but at the same time permit countries to expand PHC development. Also, in poor countries such as those in the WCA region, hospital efficiency is likely to have a direct relationship with morbidity and mortality rates.

Most hospitals and PHC facilities in the WCA region, as in other LDCs, have traditionally had senior clinicians, rather than persons with management training, as facility managers. The objectives of this activity are to improve hospital financing and management in pilot facilities through practical training and TA, and to make best practices tools available for region-wide use.

The work will be carried out by PHR hospital management specialists paired with local consultants and counterparts. It is expected to begin in March 1997 and will be phased over the three years. The estimated budget is \$325,000.

Cost Recovery and Quality - The objective of this activity is to improve the impact of cost recovery on primary health care services by developing tools to more systematically monitor the relationship between cost recovery and PHC quality. This objective assumes that additional resources generated by cost recovery will be used to improve services by increasing the ability of health facilities to maintain stocks of drugs, supplies and equipment. The activity responds to: (a) the issue of health facilities not using resources gained through cost recovery to improve services, but diverting them for other purposes (e.g., salary supplementation); and (b) the lack of tools for measuring PHC quality. The activity also assumes that willingness of patients to pay user fees and other copayments is affected by their perceptions of the relationship between payments they make and the quality of services they receive.

The work will be carried out in collaboration with regional institutions such as CREDESA in Benin, INSP in Cote d'Ivoire and the Ecole Nationale de Santé Publique de Mbour in Senegal. The regional institutions would be used as subcontractors to work with health facilities. The activity will not commence until 1998; the two year estimated budget is \$225,000.

Equity

Equity Monitoring and Evaluation Tools, TA and Training - The inclusion of equity as a RF/SSA strategic objective speaks to its importance as an element of health sector development and reform, and USAID programming in WCA. Equity is an issue with both policy and facility level dimensions. Nevertheless, approaches to achieving this objective are in their early stages (e.g., provider incentives, means testing for cost recovery). There is a pressing need for identification and application of criteria and methodologies for pricing, monitoring utilization and targeting health services to better meet the needs of poor, high risk and underserved populations.

PHR proposes to conduct a regional workshop to identify and review relevant state-of-the-art practices in WCA and elsewhere. Recommendations for "best practices" will follow from the workshop and will form the basis for development of plans for testing the tools for measuring equity. PHR will provide TA and training to assist the target countries to develop and implement the plans, and to document and disseminate results. The activity will begin in June 1997, with a three year estimated budget for the activity is \$175,000. An additional \$25,000 per year is designated for related ad hoc short-term TA and training.

System Viability and Capacity Building

Regional Institutions (CESAG, etc.) - This activity seeks to strengthen the capacity of regional institutions to support sustainable country health systems. An initial focus will be to assist the Centre Africain d'Etudes Supérieures en Gestion (CESAG) in the development of a health economics curriculum within its health care management program. (USAID/PHR assistance is contingent upon CESAG hiring and having in place a health economist and a public health specialist, in addition to Mme. Codjia.) As noted by Dr. Krasovec, "The strategy is to begin with short-term training course development and implementation and, if successful, move on

to assistance in establishing the Master's level program [in health economics]".¹¹ PHR will provide the services of a senior health economist and a curriculum development specialist who have experience designing health economics curricula for use in Africa and other regions assisted by USAID.

In addition to the assistance to CESAG, PHR will identify and assist other regional institutions to help build their capacities to: (1) train health sector leaders and managers in health reform methodologies; and (2) provide direct technical assistance to governments and other clients. This work is slated to begin in February 1997 and the estimated budget at \$125,000.

Regional Databases and Networking - This activity will build upon interregional cooperation (East and West Africa) and partnerships with regional institutions to expand use of available technology and increase access to information on African experience in innovative health care financing and related management reforms. The activity will make more information on state-of-the-art practices and practitioners available to health training institutions, researchers, policy-makers, managers and clinicians. This activity will strengthen the capacities of the regional institutions and, by enhancing access to information, lead to improved health system performance and viability.

PHR will provide the services of a connectivity specialist and programmer/public health specialist to accomplish this activity. It is tentatively scheduled to begin in March 1997 and the two year budget estimate is \$125,000. (This is planned as a two year activity.)

Translation, Dissemination and Connectivity - Due to the need to make more materials on health care financing and management available in the French language, PHR will develop and implement a plan for identifying, translating and disseminating relevant materials, including the reports and other products resulting from the activities in this plan. Regional institutions will assist. This task will begin in March 1997 and estimated budget is \$200,000. A key decision to be made is how to apportion the budget between materials directly produced through implementation of this RAP as compared with other materials appropriate for broader translation and dissemination.

National Health Accounts (NHA) - Governments and donors recognize the importance of having comprehensive, accurate data on the sources and uses of health sector resources as a basis for informed policy-making. This is particularly true as public sector health resources are increasingly limited, donor contributions are reduced, and governments seek to expand private sector financing and delivery of health services. NHA is a tool for applying standardized definitions and accounting methods to (1) improve the quality of information for health policy making and health sector performance monitoring at the country level; and (2) facilitate cross country health care financing analyses by improving the comparability of data.

The objective of this activity is to introduce the NHA methodology and to adapt and begin implementation of it in three target countries. Potential countries include Mali, Cote d'Ivoire and Benin.

The methodology to accomplish these activities will be to combine TA with a series of regional workshops, rotating the workshops among the selected countries and having TA immediately follow each workshop.

¹¹Op Cit, p. 5.

- 1) *Regional Workshop 1 - Methods Training*, (TA for in-country data collection and analysis and to launch each country's NHA work) January 1998
- 2) *Regional Workshop 2 - Progress Assessment* (TA to review data coverage and quality, and to assess each country's health sector reforms) July 1998
- 3) *Regional Workshop 3 - Completion and wrap-up* (TA to review and refine country reports on the data and agree on next steps) January 1999
- 4) *Monitoring Visit* - (To document results) September 1999

NHA can be used to develop comprehensive Health Financing Plans (CHFPs). PHR may be able to provide TA to support development of CHFPs through the separate short-term TA activity or through other mechanisms. PHR will coordinate with DDM, HHRAA, REDSO/WCA and CESAG in the planning and implementation of this activity. Other CAs may also provide a portion of the overall TA. The estimated activity budget is \$300,000 over two years, beginning in January 1998.

4.0 Expected Results

4.1 Relationship with USAID Strategic Objectives

As noted above, all of the activities in PHR's 1997-1999 WCA RAP relate directly to one or more of USAID's SOs, 1st and 2nd level results and illustrative activities contained within the RF/SSA (8/28/96). The RF/SSA is the USAID strategic objective level to which this RAP for WCA should be and has been targeted. All activities in this plan are also fully consistent with the PHR strategy.

4.2 Activities/Results Table

The Activities/Results Table on the following five pages shows the relationship of each activity to the Strategic Objectives in the Framework for Sustainability of Child Survival and Reproductive Health Services in Sub-Saharan Africa. It also shows the performance measures and expected start and completion dates of each activity.

In most cases, detailed quantitative indicators for activities will result from TPMs or other more detailed, activity-specific planning yet to occur. These indicators will be incorporated into this table and into PHR's Management and Monitoring Plan (see section 6.0 below) as they are developed. It should be noted that development and refinement of indicators for health reform is an important PHR mandate in the project's role as a "technical resource to support PHN's Global Leadership role in health sector reform".¹²

¹²Ibid, p. 12.

Table 1. REDSO/WCA RAP Activities, Results and Performance Measures
PHR Regional Activity Plan (RAP) for REDSO/WCA, 1997-1999
(revised 2/7/97)

Africa Bureau Strategic Objectives - <i>PHR Activities</i>	Results	Performance Measures	Start &End Dates ¹
Resource Mobilization and Efficiency			
<p><i>Insurance (Mutuelles, etc.)</i></p> <ol style="list-style-type: none"> Plan and implement a consultative meeting to determine role of REDSO/WCA in the promotion of mutuelles and other community- or facility-based health insurance mechanisms Review any evaluations which have been done of mutuelles or, if determined appropriate, prepare and conduct an evaluation of regional experience with mutuelles and similar health insurance mechanisms Prepare and implement a three year plan TA and training plan for REDSO/PHR promotion of mutuelles and other insurance mechanisms Document and disseminate results and lessons learned 	<p>Innovative non-tax, community- and facility-based health care financing mechanisms supported, evaluated, and replicated.</p>	<ul style="list-style-type: none"> - Experience with mutuelles and similar community- and facility-based mechanisms assessed - Evaluation findings and best practices disseminated region-wide - REDSO/WCA role determined and REDSO/PHR plan developed for assistance to mutuelles and other non-tax insurance mechanisms - REDSO/PHR plan implemented - Results of TA under REDSO/PHR plan disseminated region-wide 	<p>1/97 - 12/99</p>
<p><i>Hospital Financing and Management</i></p> <ol style="list-style-type: none"> Literature review on international best practices and innovative hospital and financial management practices in the region (include ZdravReform Electronic Library of best practices) Introductory workshop with representatives from four countries Assessment visits to two of the four countries to determine needs and plan technical support Implementation of TA and training plans in pilot facilities in two countries Development of priority best practices in hospital management for WCA based on the results of 1-4 above 	<p>Hospital financing and management capacity strengthened in pilot facilities in two countries and tools made available for regional use.</p>	<ul style="list-style-type: none"> - Literature review conducted - Workshops held - TA and training delivered to pilot facilities according to plans - Best practices developed and disseminated - Plans for implementation of best practices developed at follow-up workshop 	<p>3/97 - 12/99</p>

Activities/Results Table
PHR Regional Activity Plan (RAP) for REDSO/WCA, 1997-1999
(revised 2/7/97)

Africa Bureau Strategic Objectives - PHR Activities	Results	Performance Measures	Start &End Dates
<p><i>Cost Recovery and Quality</i></p> <ol style="list-style-type: none"> 1. Conduct introductory workshop to introduce idea of quality monitoring tool, develop simple PHC quality monitoring tool for use at facilities employing cost recovery methods, and identify countries and pilot facilities 2. Refine tool developed at workshop 3. Develop and implement plans for using the tool in at least four facilities in two countries 4. Implement tool in pilot facilities 5. Conduct mid-implementation workshop to share results, assess progress and make adjustments 6. Disseminate results region-wide 	<p>Cost recovery used to improve quality of PHC services in pilot facilities in two countries and monitoring tool made available for regional use.</p>	<p>-T tool developed - Introductory workshop held - Tool implemented in pilot facilities with system for monitoring results -Mid-implementation workshop held and adjustments made to plans in pilots - Results disseminated region-wide</p>	<p>1/98 - 12/99</p>
Equity			
<p><i>Equity monitoring and evaluation tools, TA and training</i></p> <ol style="list-style-type: none"> 1. Conduct regional workshop to review monitoring and evaluation tools for measures of equity (e.g., means testing, pricing, utilization) being used in WCA and make recommendations for “best practices”. 2. From the four countries to be represented at the workshop, identify two countries for testing the tools for measuring equity 3. Develop plans for targeted technical assistance and training for implementation of tools in the two countries at facility or district levels, and for resolution of problems 4. Implement equity TA and training plan 5. Document and disseminate tools and results of TA and training disseminated 	<p>Increased capacity to assess equity of access and remove financial barriers for poor, high risk and underserved populations in target facilities or districts</p>	<p>- Appropriate tools for monitoring and evaluating and resolving problems of equity of access to health services at the PHC and hospital levels developed and disseminated - Tools implemented in target facilities or districts in two countries with TA and training - Results disseminated region-wide</p>	<p>6/97 - 12/99</p>

Activities/Results Table
PHR Regional Activity Plan (RAP) for REDSO/WCA, 1997-1999
(revised 2/7/97)

Africa Bureau Strategic Objectives - <i>PHR Activities</i>	Results	Performance Measures	Start &End Dates
System Viability and Capacity Building			
<p><i>Regional Institutions (CESAG, etc.)</i></p> <ol style="list-style-type: none"> 1. Assist CESAG to develop health economics case studies for use in its health care management program 2. Assuming prerequisites are met, assist CESAG to develop short course(s) and a master's level program in health economics 3. Identify 1-2 other regional health training institutions or other mechanisms for similar types of assistance related to training in health care financing and related management reforms 4. Plan and implement programs with the selected institutions 5. Document and disseminate results of these activities 	Improved capacity of selected regional institutions to provide technical and educational support for national health reform efforts.	<ul style="list-style-type: none"> - CESAG health economics case studies developed and included in existing courses - CESAG master's level program in health economics developed and first students enrolled - 1-2 other regional institutions or mechanisms selected and plans developed and implemented 	2/97-12/99
<p><i>Regional Databases and Networking</i></p> <ol style="list-style-type: none"> 1. Assist REDSO/WCA to develop a health care financing and management consulting pool and database 2. Update the REDSO's health care financing and management reform database and bibliography, including both published and unpublished literature and program documents 3. Design a database to track health sector reform efforts in the WCA region based on similar work in REDSO/ESA 4. Assist REDSO/WCA to install the database at regional institutions (e.g., CESAG in Senegal and CREDESA in Benin), and train staff of these institutions in the use and maintenance of the system 5. Conduct follow-up visits to REDSO and the regional institutions to monitor the use and maintenance of the system and conduct follow-on training and TA 	<p>Increased capacity of regional consultants and institutions to provide technical support for national health care financing and related management reform efforts.</p> <p>Increased availability and use of data for policy analysis and decision-making.</p>	<ul style="list-style-type: none"> - REDSO/WCA consulting pool and database developed - REDSO/WCA health care financing and management reform database and bibliography updated - Database to track WCA reform efforts developed based on similar work in ESA - Database installed and staff trained at REDSO and regional institutions - Follow-up visits conducted 	3/97 - 7/98

Activities/Results Table
PHR Regional Activity Plan (RAP) for REDSO/WCA, 1997-1999
(revised 2/7/97)

Africa Bureau Strategic Objectives - PHR Activities	Results	Performance Measures	Start &End Dates
<p><i>Translation, Dissemination and Connectivity</i></p> <ol style="list-style-type: none"> On basis of Health Sector Reform and Regional Database work above, identify information on health care financing and related management reforms which either needs to be translated into French and/or more widely disseminated Prepare a dissemination list of institutions and individuals in the region, specifying those with electronic dissemination capability Develop plan for regional translation, dissemination and connectivity over the three year period, including products to be developed as part of this RAP and the information identified in #1 above, based on resources available Translate and disseminate materials according to plan 	<p>Increased capacity of policy makers and program managers to make informed decisions based on relevant information about state-of-the-art health care financing and related management reforms.</p> <p>Capabilities for exchange of health reform information within the region and with ESA strengthened through promotion of networking and electronic dissemination</p>	<p>- List of non-PHR Regional Activity Plan (RAP) information to be translated and/or disseminated identified</p> <p>- Dissemination list of individuals and institutions prepared</p> <p>- Dissemination plan developed and implemented</p>	<p>3/97 - 12/99</p>
<p><i>National Health Accounts</i></p> <ol style="list-style-type: none"> Identify three countries to participate in this activity Conduct a regional workshop to introduce the NHA concept and methods, provide follow-up TA for in-country data collection and analysis and launch each country's NHA work Conduct a second workshop six months later to review progress and assess each country's health sector reforms in light of NHA data Conduct a third workshop in another six months to review and refine country reports on the data and agree on next steps Conduct monitoring visit eight months later to document results Disseminate results and lessons learned 	<p>Framework for health care financing policy reforms in selected countries improved by improving the quality and quantity of information available on the public and private sources and uses of resources for the health sector</p> <p>Capacity of WCA countries to use NHA methods for planning and evaluating health reforms strengthened</p>	<p>- Countries selected</p> <p>- Workshops held and TA and training provided</p> <p>- Country reports based on NHA methods prepared and implemented</p> <p>- Results and lessons learned disseminated</p>	<p>1/98 - 11/99</p>

Activities/Results Table
PHR Regional Activity Plan (RAP) for REDSO/WCA, 1997-1999
(revised 2/7/97)

Africa Bureau Strategic Objectives - PHR Activities	Results	Performance Measures	Start &End Dates
<p><i>Short-term technical assistance and training²</i></p> <p>1. Ad hoc TA and training to respond to priority needs identified during the course of RAP implementation (e.g., assistance with cost estimates and management plans for district level health services; regional participants attend regional or international conferences)</p> <p>2. Results of TA and training documented and disseminated</p>	<p>Strengthened capacity of WCA target countries and institutions to design and implement health care financing and related management reforms</p>	<p>- Other priority needs documented - Specific PHR responses planned and implemented</p>	<p>1/97 - 12/99</p>

5.0 Workplan (Gantt Chart)

The Gantt chart on the following page illustrates the overall timing of the activities included in this PHR plan for WCA for 1997-1999. More detailed Gantt charts will be prepared for each activity as the activities come on stream and the project holds individual activity TPMs for the development of workplans.

**Table 2. Proposed Schedule for PHR Activities for REDSO/WCA
PROPOSED REGIONAL ACTIVITY PLAN (RAP)
FOR REDSO/WCA ACTIVITIES, 1997–1999
PARTNERSHIPS FOR HEALTH REFORM (PHR) PROJECT**

		96	1997			1998		1999		2000		2001		2002
ID	Task Name	Qtr 3	Qtr 1	Qtr 3	Qtr 1	Qtr 3	Qtr 1	Qtr 3	Qtr 1	Qtr 3	Qtr 1	Qtr 3	Qtr 1	
1	Resource Mobilization and Efficiency													
2	Insurance Mechanisms (Mutuelles, etc.)													
3	Hospital Financing and Management.													
4	Cost Recovery and Quality													
5	Equity													
6	Monitoring and Evaluation Tools													
7	System Viability and Capacity Building													
8	Regional Inst. (CESAG, etc.)													
9	Regional Databases and Networking													
10	Translation, Dissem. and Connectivity													
11	National Health Accounts													
12														
13	Management and Monitoring													
14	Plan Preparation													
15	Review meetings with G/PHN and AFR													
16	Review meeting with REDSO													
17	Annual Reports & Plan Revision													
18	1													
19	2													
20	3													
21	Monitor & Support Visits													

6.0 Evaluation Plan

PHR's performance will be measured against the objectives, performance indicators, and target dates set out in this RAP and shown in *Table 1*. PHR management will internally review the progress of its REDSO/WCA activities every six months with the task manager (Senior Health Manager/Regional Coordinator) and the results of these reviews will be incorporated into PHR quarterly reports and Performance Assessments.

PHR will also review the progress of our activities with MOH officials, counterparts at regional institutions, and USAID regional and mission representatives when PHR staff are in country. Recommendations on changes in the performance indicators or timing resulting from these reviews will be made in collaboration with MOH officials, USAID, and PHR management. At the end of each year any changes indicated and agreed upon through the review process will be formally incorporated into a revised RAP.

7.0 Management and Monitoring Plan

The number and complexity of the activities contained in this plan for WCA will cause its implementation to require strong planning and management. PHR has arranged separate “Management and Regional Coordination” for the WCA RAP, as distinguished from the project’s bilateral activities in the region.

PHR will support the plan by providing a Senior Health Manager who is a health reform specialist to serve as task manager to fulfill the “Management and Regional Coordination” functions. This person will be responsible for the planning, implementation and monitoring of all PHR activities under this plan; for reporting on these activities to REDSO/WCA and other client representatives; and for coordination with other CAs, donors, collaborating institutions and counterparts. The Senior Health Manager will also contribute to the technical work in his areas of specialization, including hospital and primary care management. To the extent possible, periodic monitoring and support visits will be combined with technical work to reduce costs.

PHR will provide administrative and financial support staff to ensure the efficient recruitment of required consultants, travel arrangements, and the production and dissemination of documents and logistical support.

The PHR Technical Officer for Africa, the PHR Technical Director and other key project staff will continue to be involved in implementation of the regional plan, for planning and conceptual inputs, for suggestions on staffing, and, as determined by the plan, directly participating in the field portions of activities. The latter is especially likely on the short-term TA included under the Core Activities.

The PHR Senior Health Manager is located on the same floor adjacent to the technical officers, the Technical Director and the project’s financial officers, which will facilitate ease of communications on a regular basis. All PHR staff assigned to work on this plan for the WCA region are backed up by the Project’s Operational and Administrative personnel working as a team, as well as the PHR management team. Activities and information are widely and systematically shared through TPMs, activity meetings and briefings and shared communications. All PHR staff are fully linked with each other and with client representatives by electronic mail.

Note: As a result of meetings between PHR, REDSO/WCA, AFR and USAID/Dakar staff during the week of January 27-31, 1997, PHR is now considering three options for structuring the “Management and Regional Coordination” functions. Since approvals besides that of REDSO/WCA would be needed before PHR could field an advisor or establish a WCA regional office, PHR will proceed (or, as in the case of the mutuelles activity, continue) with implementation of the RAP assuming the PHR HQ based manager to be the “default” option for management.

Briefly, the “Management and Regional Coordination” options are:

3. *A full-time expatriate regional manager/technical advisor (Senior Health Manager) based in the WCA region, preferably in Dakar.*

4. *A part-time Senior Health Manager based at PHR headquarters in Bethesda, Maryland, traveling several times per year to perform technical work and make monitoring and support visits, combining visits to the extent possible.*
5. *A part-time Senior Health Manager based at PHR headquarters in Bethesda, Maryland, supplemented by a full- or part-time Local Hire Regional Coordinator to be based in Dakar, or elsewhere in the region.*

PHR will monitor RAP implementation progress under the default management option while further evaluating the other options. A final decision on the options is expected during the second quarter of 1997.

Work under the approved RAP will be authorized through separate task authorizations for each year of the plan.

7.1 Coordination with Other CAs (BASICS, DDM, HHRAA, SARA, etc.) and Donors (World Bank, EU, French Cooperation, UNICEF, etc.)

As is evident other places in this document, the WCA regional activities have been developed and will be implemented in collaboration with multiple other CAs and donor organizations. Coordination with these partners has been and will continue to be ongoing to maximize the clarity and complementarity of the roles of the various organizations, and to ensure that the activities achieve intended results as fully as possible.

7.2 Coordination with Regional and Local Institutions and Counterparts

PHR has a similar intent and approach for involving regional and local institutions and counterparts as that described for other CAs and donors. PHR's strategy calls for and this plan relies heavily on capacity-building with institutions and individuals in the WCA region to be empowered and supported as change agents. These institutions and individuals are the most critical link to the success and sustainability of the activities and therefore PHR must ensure that they are appropriately informed and involved to the extent that they feel "ownership" of the activities, strategies and approaches being promulgated.

An initial step in the implementation of the plan will be to prepare lists of customers and stakeholders for each activity, as well as for the overall plan and to strive for effective communications with these persons. All personnel who will participate in the activities as staff or consultants will receive this information as part of team planning meetings and other communications.

7.3 Monitoring Activity Progress toward Results and Indicators

The Senior Health Manager will use the Activities/Results Table in section 4.0, together with more detailed activity implementation plans (to be developed) as the basis for monitoring the progress of this plan. He will directly supervise and monitor the work of activity implementation teams and recommend any correction actions which seem indicated, in coordination with client representatives and the PHR management team.

7.4 Reporting

Implementation progress will be documented in the reports called for in each activity, as well as PHR's regular periodic progress reports. Team leaders and/or members will conduct debriefings for PHR, USAID staff and other audiences upon request.

8.0 Budget

Table 3. Budget for Proposed RAP Activities for FY 1997–1999
PHR Regional Activity Plan (RAP) for REDSO/WCA, 1997-1999
(revised 2/6/97)

Strategic Objective <i>PHR Activity</i>	Year One	Year Two	Year Three	TOTAL
Resource Mobilization and Efficiency				
<i>Insurance Mechanisms (Mutuelles, etc.)</i>	75,000	75,000	75,000	225,000
<i>Hospital Financing and Management</i>	100,000	125,000	100,000	325,000
<i>Cost Recovery and Quality</i>	0	125,000	100,000	225,000
<i>Short-term TA and Training (other, ad hoc)</i>	25,000	25,000	25,000	75,000
SUBTOTAL	200,000	350,000	300,000	850,000
Equity				
<i>Monitoring and Evaluation Tools Development</i>	50,000	75,000	50,000	175,000
<i>Short-term TA and Training (other, ad hoc)</i>	25,000	25,000	25,000	75,000
SUBTOTAL	75,000	100,000	75,000	250,000
System Viability and Capacity Building				
<i>Regional Institutions (CESAG, etc.)</i>	75,000	25,000	25,000	125,000
<i>Regional Databases and Networking</i>	75,000	50,000	0	125,000
<i>Translation, Dissemination and Connectivity</i>	50,000	75,000	75,000	200,000
<i>National Health Accounts</i>	0	150,000	150,000	300,000
<i>Short-term TA and Training (other, ad hoc)</i>	25,000	25,000	25,000	75,000
SUBTOTAL	225,000	325,000	275,000	825,000
COMBINED SUBTOTAL	<u>500,000</u>	<u>775,000</u>	<u>650,000</u>	<u>1,925,000</u>
<i>Management and Regional Coordination*</i>	75,000	75,000	50,000	200,000
GRAND TOTAL	<u>575,000</u>	<u>850,000</u>	<u>700,000</u>	<u>2,125,000</u>

* Mgt. and Reg. Coordination is also contained within specific activities.

These amounts are for portions of overall Mgt. and Reg. Coordination NOT included within specific activity budgets.

